



SPECIAL REPORT SERIES



REPORTS

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EPSD&T
Early Periodic Screening, Diagnosis & Treatment

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**HEALTH/HUMAN SERVICE
Case Management
System**

EPSDT DEMONSTRATION PROJECT

Dade County
Miami, Florida
(305) 377-5446

WHY CONSIDER A CASE MANAGEMENT SYSTEM?

CONTINUITY

"Even if someone is out, client services still go on."

CASELOAD CONTROL

"Automated client-based tracking system is always up to date and readily accessible."

ACCOUNTABILITY

"Case workers can be held responsible for the rate of success in managing client service plans."

SIMPLICITY

"Automated scheduling of daily work activities based on the workers' own input."

CASE MANAGEMENT SYSTEM

- HIGHLIGHTS -

CONTROL OF ACCOUNTABILITY

- Simplicity in input and output
- No paperwork duplication
- Complete up-to-date client summaries
- Paperwork reduced for providers
- Caseworker uses data she supplies
- Security/based on a need to know
- Documented cost reduction and service improvement

HIERARCHY OF AVAILABLE REPORTS

- **Daily planning**
 - Future work to be done
 - Past due work to be done
 - Cases to be followed-up on
- **Operating**
 - Worker productivity
 - Services provided
 - Cases resolved
- **Management**
 - Unit productivity
 - Time expenditures
 - Cost analysis
- **Evaluation**
 - Annual activity analysis
 - Cost projections
 - Planning profile
- **Compliance**
 - State compliance reports
 - Federal compliance reports

HERE'S HOW SIMPLY IT WORKS

The caseworker provides one line for each activity.

The Case Management System provides:

- Client History and Background
- Client Status Summary
- Automated Work Scheduling
- Cases Needing Follow Up
- Cases Needing Future Planning
- Worker Accountability Reports
- Weekly Case Worker Performance Reports
- Data Verification
- Monthly Case Worker Performance Reports
- Monthly Organization Performance Reports
- Program Evaluation Reports
- Federal/State Compliance Reports

EARLY AND PERIODIC SCREENING

DIAGNOSIS AND TREATMENT

A Dade County, Florida Demonstration Project

MANAGEMENT INFORMATION SYSTEM

By

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September, 1979

MANAGEMENT INFORMATION SYSTEM

INTRODUCTION

A management information system (MIS) is an organized method of recording, storing and retrieving information. Many systems utilize a computer as a central processing unit to facilitate this task. The types and uses of information processed by an MIS vary, and may include one or more of the following: management, planning, operations, evaluation and others.

The management information system presented in this report was developed to support the Dade County E.P.S.D.T. Demonstration Project. The primary function of this system is to provide the Project's Case Monitoring Component with management and evaluation data.

The Project's MIS is designed to meet management needs in three areas. First, it contains identification (age, sex, race, etc.) and contact (address, phone number, etc.) information on each client. Second, it serves as a "tracking system" of clients through the E.P.S.D.T. system. And third, it provides periodic output reports which are used both by field staff in serving clients and by management personnel in the supervision of field staff.

In terms of evaluation, the MIS provides monthly output reports which contain interim evaluation data. It also serves as a data source for the Project's annual evaluation. In addition, the case "tracking system" is linked to a computerized time accounting system. This linkage allows for an automated calculation of the per-case cost of providing case monitoring services. Finally, the MIS has the capability (with minor modifications) of monitoring State compliance to Federal E.P.S.D.T. regulations.

After the Project's first year of operations, it was determined that the MIS was in need of several modifications. The three objectives of these modifications were: (a) to reduce the amount of computer storage space required for each case record; (b) to streamline the process of data collection and entry; and (c) to increase the system's management capabilities.

Negotiations for these modifications were initiated with the computer contractor in November of 1977. By the end of May 1978, the modifications were completed and the revised system became operational.

The overview presented in this report includes the most recent revisions of the Dade County E.P.S.D.T. Demonstration Project's Management Information System. The paper is divided into four major sections, each corresponding to a particular MIS function/operation. Client and contact

Information presents the types and sources of client data. Case Tracking describes the MIS's capability of documenting each client's progress through the E.P.S.D.T. system. Case Monitor Time Accounting illustrates the procedures used in accounting for case worker time. The Computer Output Reports describe system output (both hard copy and video) and how it serves the function of management and evaluation. Each of these sections contains (where appropriate) copies for forms used for data collection and illustrative representations of computer displays and/or output reports.

CLIENT AND CONTACT INFORMATION

The first data type to be collected for new cases is client and contact information. Within eight working hours after a client has been selected for inclusion in the Project's experimental group, a Project case worker visits the client's SES Unit and reviews his/her payment's record. Appropriate information is abstracted from this record onto a Project Registration Form. One registration form is completed for each E.P.S.D.T. eligible child on the client's grant. A sample registration form is illustrated on page 4.

Not all the information required to complete the registration form is contained within the payment's record. It is necessary to obtain some information directly from the client. This is done during the initial client intake interview, a routine home visit during which the client is

E.P.S.D.T. DEMONSTRATION PROJECT
REGISTRATION FORM

1 FAMILY: HDM

MEDICAID NO.

0 1 2 1 8 7 6

1. INITIAL ☒
2. UPDATE ☐

DATE OF REGISTRATION

0 5 2 0 7 8

NAME SCOTT, JOAN R.

last first mi.

DATE OF BIRTH SEX

0 1 2 5 5 2 M

ADDRESS 1350 NW 12 AVE.

no. street apt#

MIAMI, FL. 33125

city state zip

MIAMI

place of birth

PHONE 3 2 5 2 9 8 4

ETHNIC GROUP 1

PAYMENTS UNIT 1 4

ETHNICITY CODE 1 1

SERVICE UNIT 3 5

*EDUCATION (YRS) * 1 2

CASE MONITOR SALLY SMITH 1 0

CHILDREN

NAME last first mi.

MEMBER NO.

DATE OF BIRTH

RELATIONSHIP
TO HDM

SCOTT, BILLY

1 0 0

1 2 1 5 7 0

1

SCOTT, PEGGY

1 1 0

0 8 2 1 7 2

2

SAMPLE FORM 1

This is a sample registration form.
Fictitious data have been supplied
for demonstration purposes.

☐
☐
☐
☐

2 CHILD

MEDICAID NO.

0 1 2 1 8 7 6 1 0 0

DATE OF REGISTRATION

0 5 2 0 7 8

SEX

M

NAME SCOTT, BILLY

last first mi.

MIAMI

place of birth

REFERRAL DATE 0 5 1 5 7 8

ETHNIC GROUP 1

ETHNICITY CODE 1 1

PREVIOUS SOURCES OF MEDICAL
CARE C.H.C.P.

SCHOOL MIAMI ELEM. 0 2 4

SCHOOL INTERVENTION ☒ ☐
yes no

given an overview of the E.P.S.D.T. system and scheduled for a screening appointment (if he/she indicates a willingness to participate). Although the client intake interview is usually completed within eight working hours after the visit to the payments unit, computer entry of the registration form is not delayed in lieu of completing the interview. Rather, the registration form is a two page NCR (non carbon reproduction); and as soon as all payment's record information has been placed on the form, the bottom page is detached for immediate computer entry. The top page of the form is used by the field worker during the intake interview. Any missing registration form information is completed during this interview and then entered into the computer in the form of a data base update.

A format which is identical to the Project Registration form has been established within the computer and is titled Display 1 and Display 2. Computer Display 1 (family display) corresponds to the top section of the registration form (the section pertaining to the family and the health decision maker (HDM). Computer Display 2 (the child display) corresponds to the bottom section of the registration form (the child section. One family display (Display 1) is entered and stored in the computer per family. Linked internally within the computer to the family display is a separate child display for each child in the family, including the HDM if he/she is also an E.P.S.D.T. eligible.

Computer storage of Displays 1 and 2 is of an "on-line type", i.e., any display can be recalled and viewed (on one of the Project's remote entry terminals) whenever the need arises. Storage and recall for each display is keyed to the child's 10-digit Medicaid number.

Included within Displays 1 and 2 are: the family's address and phone number; the date E.P.S.D.T. services were requested by the family; and the age, sex and ethnic background of the HDM and of each E.P.S.D.T. eligible child. Additionally, a system has been established whereby any change (such as a change in address or phone) can be immediately incorporated into the data base.

CASE TRACKING

In very simple terms, a child's progression (i.e., a child given case monitoring by the Project) through the E.P.S.D.T. system may be stated as follows: within a few days after E.P.S.D.T. services are requested by a family, they are visited by a case worker who explains E.P.S.D.T. services and schedules a screening appointment for the children. The day before the appointment comes due, the case worker contacts the family to remind them of the screening appointment and schedules transportation to deliver them to the clinic (if the family indicates the need). That same day, the case worker calls the clinic to obtain the screening

results and interprets them to the family. Children with medical/dental/other problems identified at screening have a treatment appointment scheduled for them by their case worker (with the treatment provider of the family's choice). Each problem is carefully monitored by the case worker (appointments are scheduled, and transportation and appointment reminders are provided, etc.) until treatment for all problems has been completed. After all problems have been resolved or after a negative screening result (i.e., no medical/dental/other problems were detected) a case is considered completed.

A primary function of the MIS is to serve as a tracking system of clients through this E.P.S.D.T. system. Each time that a case worker schedules a screening or treatment appointment, schedules transportation, or obtains screening or treatment results, it is documented on a Project Transaction Form. Normally, all transactions which a case worker performs during a working day can be placed on a single form. This form is turned in at the day's end, at which time it is entered into the computer by a data clerk. The result is a computerized case record which is never more than eight hours out of date. A copy of a transaction form follows.

E.P.S.D.T. DEMONSTRATION PROJECT

TRANSACTION FORM

SMITH, SALLY 10
CASE MONITOR

DATE 06-20-78

ATTACH
REMARKS

MEDICAID #	NAME last, first	DISPLAY	DATA	SCREENING/ PROBLEM STATUS	ATTACH REMARKS
0106755-110	DOE, JOHN	10	Scheduled @ 4:00 PM @ 12:30 Screening: 7-20-78		
1186795-110	GONZALEZ, Pedro	10	Scheduled @ 7:30 TAXI: 7-04-78 TO DR. UNIT		
1415678-110	SMITH, Willie	10	Shaved 6-20-78 56 ST FMC Scheduled @ 10:00 AM	POSITIVE SCREEN V. SUPPL (25) DENTAL (20)	
0806765-135	BROWN, JEAN	20	Treatment: 7-10-78 DR. JONES Scheduled @ 8:30 AM		
1186702-100	GARCIA, MARIA	25	TAXI 7-6-78 DR. ALONZA		
0106789-020	JACKSON, BETTY	46	Shaved 6-20-78 DR. RODRIGUEZ	NEXT APPT. 7-10-78 @ 2.00	
0206767-100	DELGADO, Miguel	20	Shaved 6-20-78 DR. JONES	TREATMENT COMPLETE CLOSE CASE	
<p align="center"><u>SAMPLE FORM 2</u></p> <p align="center">This is a sample transaction form. Fictitious data have been supplied for demonstration purposes.</p>					

REV 1277

There are three types of computer displays onto which transaction form data are entered. They are the screening Display, the Problem Display, and the Post Completion Treatment (PCT) Display.

There is a separate Screening Display for each child registered in the computer and, like Displays 1 and 2, it is retrieved via the child's ten-digit Medicaid number. The Screening Display is composed of a Case Summary Section at

the top and a Screening Appointment Section at the bottom. The Case Summary Section gives an overview of the case's progression through the E.P.S.D.T. system: it lists the screening date, site and outcome; any medical/dental/other problems which were identified for the case, and whether each problem has been resolved; and whether the case is open (still in the E.P.S.D.T. System). Data in the Screening Appointment Section include appointment: date, time site and outcome (whether kept cancelled or missed). An illustration of the Screening Display and definitions of the variables contained therein are listed below and on next page.

E.P.S.D.T. CASE SCREENING DISPLAY

MEDICAID # 0106752-110

NAME DOE, JANE E.

-----CASE SUMMARY-----

DATE SHOWN - SCREENING 010178

SITE 02 46TH ST. CLINIC

SCREENING STATUS 06 POSITIVE SCREEN

PROBLEMS IDENTIFIED 2

PROBLEMS OPEN 20 25

SCREENING COMPL. DATE 010178

PROBLEMS CLOSED

CASE COMPL. DATE

PCT PROBLEMS

CLOSED-COMPUTER

CASE STATUS OPEN

-----SCREENING APPOINTMENT DATA-----

APPT.	DATE MADE	APPT. DATE	TIME	TRANS
1	010178	010178	1200	N
	SITE 02 46 ST. CLINIC		COMPL. 1 KEPT	
2	DATE MADE	APPT. DATE	TIME	TRANS
	SITE		COMPL.	
3	DATE MADE		TIME	TRANS
	SITE		COMPL.	
4	DATE MADE		TIME	TRANS
	SITE		COMPL.	
5	DATE MADE	APPT. DATE	TIME	TRANS
	SITE		COMPL.	

SAMPLE 1

This is a reproduction of the computerized screening display. Fictitious data have been supplied for demonstration purposes.

CASE SCREENING DISPLAY

Definitions for the variables contained on the screening display.

VARIABLE	DEFINITION
DATE SHOWED - SCREENING	Date child first showed for screening
SCREENING STATUS	Leave blank if not yet screened; enter appropriate code (see Screening Status Codes) to record screening results.
NUMBER OF PROBLEMS IDENTIFIED	INTERNAL
SCREENING COMPLETION DATE	Date of kept screening appointment when all screening is completed
PROBLEMS OPEN	INTERNAL
PROBLEMS RESOLVED	INTERNAL
PCT PROBLEMS	INTERNAL
CASE COMPLETION DATE	Date on T-Form when case is closed, unless otherwise specified
CASE STATUS	INTERNAL
DATE CLOSED IN COMPUTER	INTERNAL
DATE MADE	Date of Transaction Form when screening appointment was scheduled by Case Monitor; or date that HDM notified our office that she had scheduled the appointment (without our monitoring services)
APPOINTMENT DATE	Date of screening appointment
SITE	Location of screening appointment (see codes)
TIME	Time of screening appointment
TRANSPORTATION	Was transportation scheduled (Y/N) Code N if unknown
COMPLETION CODE	Use to record the appointment outcome (see Screening Completion Codes)

Although each child has only one screening display, he/she may have several Problem Displays. Separate Problem Displays are initiated for each medical/dental/other problem for the child. A child's Problem Displays are retrieved via the child's ten digit Medicaid number plus the problem's code number. The problem code number is a two-digit number (from 20 to 99) which corresponds to the State of Florida Department of Health and Rehabilitative Services' medical problem codes.

Like the Screening Display, the Problem Display is divided into two sections, a Problem Summary Section and a Problem Appointment Section. The Problem Summary Section includes: the date the problem was identified; whether it was identified at E.P.S.D.T. screening; the problem status (not yet treated, still under treatment, or treatment completed); and the problem resolution date (date treatment was completed). In the Problem Appointment Section, there is space to record treatment appointment information (appointment date, treatment provider, time and outcome) for seven appointments on the first "page" of the display. Additional "pages" for recording treatment appointments are available if needed. An illustration of the problem display and definitions of the variables contained therein are listed below and on next page.

E.P.S.D.T. PROBLEM DISPLAY

MEDICAID # 1171860-100

NAME PEREZ, JUAN

PROBLEM 71 PHIMOSIS

DATE PROBLEM IDENTIFIED 041178
IDENTIFIED AT SCREENING Y
PROBLEM RESOLUTION DATE 050178

STATUS 12 TREATMENT COMPLETED

-----PROBLEM APPOINTMENT DATA-----

APPT. 1	DATE MADE 041178	APPT. DATE 041578	TIME 1000	TRANS Y
	PROVIDER 411276 VALDEZ, JOSE MD		COMPL. CODE 1 KEPT	
APPT. 2	DATE MADE 041578	APPT. DATE 050178	TIME 0915	TRANS Y
	PROVIDER 411276 VALDEZ, JOSE MD		COMPL. CODE 1 KEPT	
APPT. 3	DATE MADE	APPT. DATE	TIME	TRANS
	PROVIDER		COMPL. CODE	
APPT. 4	DATE MADE			TRANS
	PROVIDER		MPL. CODE	
APPT. 5	DATE MADE			TRANS
	PROVIDER		MPL. CODE	

SAMPLE 2

This is a reproduction of the computerized problem display. Fictitious data have been supplied for demonstration purposes.

CASE PROBLEM MAINTENANCE

(Definition for each variable)

VARIABLE	DEFINITION
DATE PROBLEM IDENTIFIED	If identified at screening, the date of screening appt. when it was identified; if identified at tmt, date of tmt appt when problem was discovered. For cases that are previously screened and in need of tmt, use date on transaction form when E.P.S.D.T. is first notified of the problem.
PROBLEM IDENTIFIED AT SCREENING	Check to see if problem listed here is the same as the problem on TF. (Y/N) Code Y if identified at screening, otherwise Code N.
PROBLEM STATUS	Leave blank if not yet treated; enter appropriate code (see Problem Status Codes) to record the results of each kept tmt appointment or whenever the status of the problem changes
PROBLEM RESOLUTION DATE	Date of tmt appointment when problem is resolved; or date of last contact with family, if treatment was not completed (PROBLEM STATUS cannot be 00 or 09)
PAGE #	Use page #1 for the first seven appointments scheduled; if an eighth appointment is needed, page #2 will automatically appear showing space for another seven appointments.
DATE MADE	Date on T-Form when appointment was scheduled
APPOINTMENT DATE	Date of treatment appointment
PROVIDER	Provider's (Doctor) Medicaid Number (see Provider Codes)
TIME	Time of treatment appointment
TRANSPORTATION	Was transportation scheduled (Y/N) Code N if unknown
COMPLETION CODE	Use to record the appointment outcome (see Problem Completion Codes)

The Post Completion Treatment (PCT) Display is nearly identical to the Problem Display but is used under different circumstances. If a medical/dental/ other problem is identified for a child after the child's case has been completed (for an explanation of case completion see page 7), treatment data for that problem are entered onto the PCT Display, rather than only a Problem Display. The difference is that the PCT Display provides a mechanism for tracking the problem, but does not alter the data collected for regular E.P.S.D.T. services. A copy of the PCT Display follows.

E.P.S.D.T. POST COMPLETION TREATMENT DISPLAY

MEDICAID # 0106789-100

NAME JONES, JACK

PROBLEM 39 IMPETIGO

DATE PROBLEM IDENTIFIED 051578

-----PROBLEM APPOINTMENT DATA-----

APPT. 1	DATE MADE 051578	APPT. DATE 051678	TIME 0900	TRANS Y
	PROVIDER 573691 HART, BURTON MD		COMPL. CODE 1 KEPT	
APPT. 2	DATE MADE 051678	APPT. DATE 052678	TIME 0815	TRANS Y
	PROVIDER 573691 HART, BURTON MD		COMPL. CODE 1 KEPT	
APPT. 3	DATE MADE 052678	APPT. DATE 071578	TIME 0800	TRANS N
	PROVIDER 573691 HART, BURTON MD		COMPL. CODE 0 OPEN	
APPT. 4	DATE MADE	APPT. DATE	TIME	TRANS
	PROVIDER	SAMPLE 3	COMPL. CODE	
APPT. 5	DATE MADE	This is a reproduction of the computerized post completion treatment display. Fictitious data have been supplied for demonstration purposes.		TRANS
	PROVIDER		COMPL. CODE	
APPT. 6	DATE MADE			TRANS
	PROVIDER		COMPL. CODE	
APPT. 7	DATE MADE	APPT. DATE	TIME	TRANS
	PROVIDER		COMPL. CODE	

All Screening, Problem and PCT Displays for each child are linked within the computer via the child's Medicaid number. These displays are maintained in "on-line" storage, a feature which allows them to be viewed at any time that the need arises. Thus, the MIS provides an individual client tracking record which is current and readily accessible. However, the management capability of this system is not limited to providing individualized case records. Additionally, the MIS aids the case worker by providing daily a list of clients in specified (key) categories which aids in providing

services to clients. A more detailed description of this function of the MIS is presented in the Computer Output Reports Section, page 18.

CASE MONITOR TIME ACCOUNTING

Case worker time accounting is achieved through the use of a Case Monitor Daily Time Summary Sheet. One time summary sheet is completed by each case monitor per working day. Computer entry is performed daily by the data clerk by transposing the data from the sheets onto an identically formatted computerized display.

When completing the time summary sheet, the case worker divides the hours worked for the day among eight major activity categories. The computer summarizes the time spent on each category by case monitor, and for all case monitors combined, and reports it in the form of a monthly time summary report. Using this time summary data, the amount of case worker time spent per case is calculated by dividing the number of cases completed per unit time by the total number of hours spent in case management during the same time period. The dividend yields the mean number of case worker hours spent per case, a figure which is easily converted into a cost-per-case value.

Copies of the Case Monitor Daily Time Summary Sheet and a definition for the eight major activity categories

follow. A copy of the computerized monthly time summary report also follows.

E.P.S.D.T. DEMONSTRATION PROJECT
CASE MONITOR DAILY TIME SUMMARY SHEET

Spry, Sally 10
CASE MONITOR

DATE 06 20 78

MAJOR ACTIVITY _____	TIME WORKED TODAY	
	HOURS	MINUTES
Case Management (Experimental Only)	<u>6</u>	<u>30</u>
Training (including briefings and staff meetings)	_____	<u>30</u>
Historical Control	_____	_____
Contemporary Control	_____	_____
Developmental Case Support Services	_____	_____
Personal (including breaks)	_____	<u>45</u>
Administrative	_____	<u>15</u>
Other specify.	_____	_____
.....	_____	_____
TOTAL TIME WORKED TODAY	<u>8</u>	<u>00</u>

SAMPLE FORM 3

Fictitious data have been supplied here for demonstration purposes.

DEFINITIONS OF THE MAJOR ACTIVITIES ON THE CASE MONITOR DAILY TIME SUMMARY SHEET.

1. Case Management - All time spent in the processing or servicing of experimental group cases including: getting information from APRs; educating clients; no contact visits; appointment scheduling; getting and giving information to experimental group clients; obtaining appointment results; scheduling transportation; completing transaction forms; discussing cases with data clerks; and checking on school intervention.

2. Training - All time spent on learning new techniques, in weekly staff meetings and in daily briefings.
3. Historical Control - All time spent in the processing of historical control clients including: completing the control group data forms; looking up data in Ms. Riera's office; and interviewing historical control clients and providers.
4. Contemporary Control - All time spent in the processing of contemporary control clients including: getting information from APHs; completing the control group data forms; checking the printout of Dade County Medicaid eligibles; looking up data in Ms. Riera's office, and interviewing contemporary control clients and their providers.
5. Developmental Case Support Services - All time spent working with children in the developmental screening component including: scheduling diagnostic appointments for them with Dr. Pinna, Dr. Seligman or Dr. Crown; and checking with the parents of the children with possible learning handicaps to determine if they want their child identified to the school.
6. Personal - All time spent on personal activities including breaks, time spent in personal conversations and telephone calls, and any time spent out of the office on non-project business such as doctor appointments.
7. Administrative - Time spent doing daily time sheets and other non-case related paperwork, and time spent picking up forms from service units or printouts from Dynamic Control.
8. Other - Specify the time spent in activities which do not fit into one of the seven foregoing categories.

E.P.S.D.T.

MONTHLY TIME SUMMARY FOR THE MONTH OF CASE MONITOR ☐

First

Last

MAJOR ACTIVITY	TOTAL TIME REPORTED FOR THIS MONTH	TOTAL DAYS WORKED THIS MONTH*	MEAN NUMBER OF HOURS WORKED PER DAY**	% OF TOTAL TIME WORKED THIS MONTH
Case Management.....	_____	_____	_____	_____
Training.....	_____	_____	_____	_____
Historical Control.....	_____	_____	_____	_____
Contemporary Control.....	_____	_____	_____	_____
Developmental Case Support Services.....	_____	_____	_____	_____
Personal.....	_____	_____	_____	_____
Administrative.....	_____	_____	_____	_____
Other.....	_____	_____	_____	_____
Total.....	_____	_____	_____	_____

* Total hours worked this month divided by 8 hours per day.

** Total time reported for the month for each activity divided by total days worked this month.

COMPUTER OUTPUT REPORTS

Computer output reports are obtained periodically from the MIS and are designed to meet at least one of three basic purposes: management, interim evaluation, or data verification. In order to explain how the output reports meet these functions, specific examples are given.

The Case Monitor Sign-In Report shown below provides an excellent example of a management function provided by the MIS.

CASE MONITOR SIGN-IN REPORTS

EP500 Δ CMR (ENTER)

.....

GOOD MORNING! PLEASE INDICATE YOUR CASE MONITOR CODE AND
SIGN-IN BELOW:

CASE MONITOR CODE ☐ YOUR NAME _____

YOUR FOUR CASE MANAGEMENT REPORTS ARE READY FOR YOUR REVIEW.
EACH TIME THAT YOU PRESS ENTER, A NEW REPORT WILL APPEAR UNTIL
ALL HAVE BEEN SHOWN. PLEASE TAKE TIME TO REVIEW ALL FOUR REPORTS.

PLEASE PRESS ENTER TO VIEW YOUR FIRST REPORT. THANK YOU AND
HAVE A NICE DAY.

This report serves two basic management needs. One, it acts as a management aid to the case worker in providing E.P.S.D.T. services to her clients and two, it provides data which facilitate in the supervision of the case worker. The report meets these needs in the following fashion.

When a case worker arrives at work in the morning she "signs in" on the computer. The computer responds by recording her sign-in time (which is issued to her supervisor in the form of a weekly report) and sending her a series of four video reports dealing with her client case load. Report one lists the names and selected appointment data for all of her clients which have a screening or treatment appointment scheduled for that day.

E.P.S.D.T. DEMONSTRATION PROJECT

Appointments scheduled for today ☐ ☐ ☐ By Case Monitor ☐ Name

Medicaid #	Child's Name	Display (i.e., Screening or List Problem)	Time of Appt.	Provider/Site Name	Transportation Scheduled?
List Cases . . . V					
List PCT Cases . . . V					

Report two lists all of her cases with appointments scheduled for the next day.

Appointments scheduled for tomorrow ☐ ☐ ☐ By Case Monitor ☐ Name

Medicaid #	Child's Name	Display (i.e., Screening or List Problem)	Time of Appt.	Provider/Site Name	Transportation Scheduled?
List Cases . . . V					
.....					
List PCT Cases . . V					

The third report lists all clients with past due appointments for which the worker has not obtained the appointment results.

E.P.S.D.T. DEMONSTRATION PROJECT

PAST DUE APPOINTMENTS WHICH HAVE NOT BEEN FOLLOWED-UP ON (No Appointment Status): CASE MONITOR ☐ name

Medicaid #	Child's Name	Display (i.e., screening or list problem)	Provider/Site Name	Appointment Date
List Cases				

And report four lists all of the worker's clients who need a screening or treatment appointment scheduled for them.

OPEN CASES WITH NO OUTSTANDING SCREENING OR TREATMENT APPOINTMENTS¹ : CASE MONITOR ☐ name

Medicaid #	Child's Name	Display (ie, screening or list problem)	Date of last Appointment	Number of Days Since Reg. Date
List Cases				

¹ Cases should be open at least 10 days after registration date before they appear on this printout.

Thus, the Case Monitor Sign-In Report aids the case worker in providing E.P.S.D.T. services by identifying:

(a) clients who must be reminded of an upcoming appointment and who may be in need of transportation (reports one and two); (b) screening and treatment appointments for which she must determine the outcome (report three); and (c) clients which need to be scheduled for screening or treatment (report four). The same report facilitates in the supervision of the case worker by: (a) listing each case monitor's sign-in time; (b) indicating the number of appointments

scheduled by each case worker (reports one and two); (c) and indicating when a case woker has been lax in determining appointment results or in scheduling new appointments (reports three and four).

One source of interim evaluation data for the Project is the Case Monitor Performance Report. This is a monthly report which lists (for each case monitor individually, and for the Project as a whole) the total number and proportion of clients of clients who were screened within 60 days of requesting E.P.S.D.T. services, and the number and proportion of clients who received follow-up treatment (when needed).

E. P. S. D. T.

EXPERIMENTAL CASE MONITOR PERFORMANCE REPORT

FOR THE MONTH OF _____

CASE MONITOR ☐ FIRST ☐ LAST

CASE LOAD

CASELOAD CATEGORY	THIS MONTH	PROJECT TO DATE
Number of New Cases ¹		
Number of Cases Completed		
Mean Active Caseload ²		xxx

¹including open cases reassigned to a new case monitor

²Calculate as follows: $\frac{\sum (\text{active case load on each working day of the month})}{\text{(Number of working days in the month)}}$

Also contained in this report is a program which calculates the mean number of case worker hours required to service a case. In essence, the case monitor performance report serves interim evaluation needs by providing a periodic index of the quality and quantity of work performed by the Project.

An example of a report which is useful for data verification is the Case Monitor Weekly Time Summary shown. This report is a listing of all time data which were entered into the computer for the week. It serves data verification by providing an opportunity to detect errors that were made during data entry, and to correct them, before they affect the monthly time summary report.

E.P.S.D.T.

WEEKLY TIME SUMMARY FOR THE WEEK ENDING 01 01 01

CASE MONITOR ☐ ☐ first last

	mo / day	mo / day	mo / day	mo / day	mo / day	TOTAL	% of total time worked this week
<u>MAJOR ACTIVITY</u>	<u>hrs / min</u>	<u>hrs / min</u>	<u>hrs / min</u>	<u>hrs / min</u>	<u>hrs / min</u>	<u>hrs / min</u>	
Case Management.....	—	—	—	—	—	—	—
Training.....	—	—	—	—	—	—	—
Historical Control.....	—	—	—	—	—	—	—
Contemporary Control.....	—	—	—	—	—	—	—
Developmental Case Support Services.....	—	—	—	—	—	—	—
Personal.....	—	—	—	—	—	—	—
Administrative.....	—	—	—	—	—	—	—
Other.....	—	—	—	—	—	—	—
TOTAL.....	—	—	—	—	—	—	—

In addition to those already mentioned as examples, there are many other output reports which serve management, interim evaluation and data verification needs. A complete listing of these reports, including report title, the frequency at which it is obtained, the function that it serves, and a brief description of its content, follows. A copy of each report format follows the listing.

LIST OF
E.P.S.D.T. PROJECT OUTPUT REPORTS

REPORT TITLE	FREQUENCY	FUNCTION	CONTENT
OPEN APPOINTMENTS	Weekly	Management	Lists cases with past and future open appointments for each case worker. The Health Decision Maker's name, the treatment or screening provider, the problem category, whether transportation was provided, and the appointment data are listed for each case.*
CASES WITH MISSING REGISTRATION FORM DATA	Monthly	Management Data Verification	Lists all cases with missing data on displays 1 and 2 for each case monitor. The date of registration and missing variables are listed in the report.*
CASES WITH INCOMPLETE PROBLEMS	Weekly	Management	Lists cases with unresolved problems for each case monitor. The problem category (code #), problem status, date problem was identified, number of days since the date of registration, and the provider's name are given for each case.*
CASES COMPLETED THIS WEEK	Weekly	Management	Lists all cases completed for the week for each case monitor. The case completion code and date of completion are given for each case.*
PROJECT CASELOAD	Monthly	Management Data Verification	List of all Project cases alphabetically by: child's last name; Health Decision Maker's last name; and chronologically by Medicaid #.

LIST OF E.P.S.D.T. PROJECT OUTPUT REPORTS CONTINUED

REPORT TITLE	FREQUENCY	FUNCTION	CONTENT
DATA VERIFICATION - NEW CASES	Weekly	Data Verification	List all new cases added to the data base for the week. HDM's date of birth, ethnic group and date of registration, and child's date of birth are given.*
CASE MONITOR WEEKLY TIME SUMMARY	Weekly	Data Verification	Lists time data entered for each case monitor for the week. Includes the total number of hours and the percent of total time worked in each of the major activity categories.
CASE MONITOR MONTHLY TIME SUMMARY	Monthly	Evaluation Management	Lists for each case monitor separately, and for all case monitors combined - the total number and percentage of hours worked for the month, and the mean number of hours worked per day, by major activity category.
CASE MONITOR SIGN-IN REPORTS	Daily	Management	Computer routine consisting of a morning sign-in, which is followed by a computer presentation (for each case monitor) of the following four video displays: (1) clients with screening or treatment appointments for today; (2) clients with screening or treatment appointments for tomorrow; (3) clients with a past due appointment which has not been followed up on; (4) clients who need to be scheduled for screening or treatment. Any of these reports can also be accessed individually at any time during the day.* Also included is a hard copy report of each case monitor's sign-in time.
CASES AWAITING ACTION	Weekly	Management	Lists by case monitor all cases which need a screening or treatment appointment scheduled for them. HDM, date of last appointment, and the number of days since the registration date are provided for each case. Also, space is provided for the case monitor to comment on the case.*
EXPERIMENTAL CASE MONITOR PERFORMANCE REPORT	Monthly	Evaluation Management	Comprehensive listing of the work performed by each case monitor individually and for the Project as a whole. Report categories include: screening (number of cases screened and screening outcomes); treatment (number of problems treated and problem outcomes); and case completion.* Also included is a report which calculates the mean number of case worker hours required for case completion.

*Child's name and medical number are also included.

♦

E. P. S. D. T.

DATE:

OPEN APPOINTMENTS

PAGE

CASE MONITOR ☐

CASE #	CHILD'S NAME	HEALTH DECISION MAKER	PROVIDER	PROB #	PLAN	LAST	ENTER
List Cases							
Example:							
1234567-890	DOE, JOHNNIE	DOE, JOHN	HEALTH CENTER	01	1		01/01/75

E.P.S.D.T. CASES WITH MISSING REGISTRATION
FORM DATA FOR THE MONTH ENDING --CASE MONITOR ☐

NAME

DATA MISSING ON DISPLAY 1

MEDICAID #	HDM's NAME	REGISTRATION DATE	MISSING VARIABLES **
List Cases			
Example:			
1234560	Smith, Jane	030978	Sex, Date of Birth

**If the variable "PHONE" is blank, it should not be considered missing data

DATA MISSING ON DISPLAY 2

MEDICAID #	CHILD'S NAME	REGISTRATION DATE	MISSING VARIABLES
List Cases			
Example:			
0102375-100	Doe, John	022878	School

*NOTE: Cases which have been on file for 10 days or less should not appear on this printout. Cases with missing background data should appear on this printout for two consecutive months only, after which time they should no longer be included on the printout.

E. P. S. D. T.

DATE

CASES WITH INCOMPLETE PROBLEMS

PAGE

CASE MONITOR ☐

MEDICAID #	CHILD'S NAME	PROB #	PROB RES. STATUS	DATE PROB IDENT	APPTMT MADE	APPTMT DATE	PROVIDER	PROVIDER PHONE
List Cases ↓ Example:								
1234567 890	DOE, JOHNNIE	01	00-OPEN	01/01/80	01/01/80	01/01/80	SYD, J. MD	1234567

E. P. S. D. T.

DATE

CASES COMPLETED THIS WEEK

PAGE

☐ -CASE MONITOR

MEDICAID #	CHILD'S NAME	COMPLETION STATUS	REGISTRATION DATE	COMPLETION DATE	DAYS TO CLOSE
List Cases ↓ Example:					
1234567 890	DOE, JOHNNIE	NEGATIVE SCREEN	1/01/80	1/01/80	28

E. P. S. D. T.

DATE

PROJECT CASE LOAD

PAGE

MEDICAID #	CHILD'S NAME	HEALTH DECISION MAKER	GROUP	REG. DATE
List Cases ↓ Example: 1234567 890	 DOE, JOHNNIE	 DOE, JOHN	 E	 1/01/90

E. P. S. D. T.

DATE

DATA VERIFICATION - NEW CASES

PAGE

FAMILY #	HEALTH DECISION MAKER	D.O.B.	EXPERIMENTAL CONDITION	ETHNIC GROUP	REGISTRATION DATE	MEMBER NUMBER	CHILD'S NAME	D. O. B.
List Cases ↓ Example: 1234567	 DOE, JOHN	 8/8/80	 1-EXPERIMENTAL	 2-SPANISH	 1/01/80	 100	 DOE, JANE	 2/02/99

E.P.S.D.T.

WEEKLY TIME SUMMARY FOR THE WEEK ENDING ☐☐☐CASE MONITOR ☐☐ first last

	mo / day	mo / day	mo / day	mo / day	mo / day	TOTAL	% of total time worked this week
MAJOR ACTIVITY	hrs / min	hrs / min	hrs / min	hrs / min	hrs / min	hrs / min	
Case Management.....	___	___	___	___	___	___	___
Training.....	___	___	___	___	___	___	___
Historical Control.....	___	___	___	___	___	___	___
Contemporary Control.....	___	___	___	___	___	___	___
Developmental Case Support Services.....	___	___	___	___	___	___	___
Personal.....	___	___	___	___	___	___	___
Administrative.....	___	___	___	___	___	___	___
Other.....	___	___	___	___	___	___	___
TOTAL.....	___	___	___	___	___	___	___

E.P.S.D.T.

MONTHLY TIME SUMMARY FOR THE MONTH OF ☐☐☐☐CASE MONITOR ☐☐ First Last

MAJOR ACTIVITY	TOTAL TIME REPORTED FOR THE MONTH	TOTAL DAYS WORKED THIS MONTH*	MEAN NUMBER OF HOURS WORKED PER DAY**	% OF TOTAL TIME WORKED THIS MONTH
Case Management.....	_____	_____	_____	_____
Training.....	_____	_____	_____	_____
Historical Control.....	_____	_____	_____	_____
Contemporary Control.....	_____	_____	_____	_____
Developmental Case Support Services.....	_____	_____	_____	_____
Personal.....	_____	_____	_____	_____
Administrative.....	_____	_____	_____	_____
Other.....	_____	_____	_____	_____
Total.....	_____	_____	_____	_____

* Total hours worked this month divided by 8 hours per day.

** Total time reported for the month for each activity divided
by total days worked this month.

CASE MONITOR SIGN-IN REPORTSEP500 Δ CHR (ENTER)

GOOD MORNING! PLEASE INDICATE YOUR CASE MONITOR CODE AND
SIGN-IN BELOW:

CASE MONITOR CODE YOUR NAME _____

YOUR FOUR CASE MANAGEMENT REPORTS ARE READY FOR YOUR REVIEW.
EACH TIME THAT YOU PRESS ENTER, A NEW REPORT WILL APPEAR UNTIL
ALL HAVE BEEN SHOWN. PLEASE TAKE TIME TO REVIEW ALL FOUR REPORTS.

PLEASE PRESS ENTER TO VIEW YOUR FIRST REPORT. THANK YOU AND
HAVE A NICE DAY.

E.P.S.D.T. DEMONSTRATION PROJECT

Appointments scheduled for today By Case Monitor Name

Medicaid #	Child's Name	Display (i.e., Screen- ing or List Problem)	Time of Appt.	Provider/Site Name	Transportation Scheduled?
List Cases . . . V					
List PCT Cases . . . V					

Appointments scheduled for tomorrow By Case Monitor Name

Medicaid #	Child's Name	Display (i.e., Screen- ing or List Problem)	Time of Appt.	Provider/Site Name	Transportation Scheduled?
List Cases . . . V					
List PCT Cases . . . V					

E.P.S.D.T. DEMONSTRATION PROJECT

PAST DUE APPOINTMENTS WHICH HAVE NOT BEEN FOLLOWED-UP ON (No Appointment Status): CASE MONITOR ☐ name

Medicaid #	Child's Name	Display (i.e., screening or list problem)	Provider/Site Name	Appointment Date
List Cases				

OPEN CASES WITH NO OUTSTANDING SCREENING OR TREATMENT APPOINTMENTS¹ : CASE MONITOR ☐ name

Medicaid #	Child's Name	Display (ie, screening or list problem)	Date of last Appointment	Number of Days Since Reg. Date
List Cases				

¹ Cases should be open at least 10 days after registration date before they appear on this printout.

CASE MONITOR SIGN IN REPORT

FOR THE WEEK ENDING ☐ ☐ ☐

DATE	TIME	CASE MONITOR CODE AND NAME	SIGNATURE
Examples:			
1-26-78	8:00	07 Michele P. Varella	M.P. Varella
1-26-78	8:10	05 Jewel Williams	J. Williams
NOTE: In the event that a case monitor is out, another case monitor may sign in for her and review her cases. Example:			
1-27-78	8:30	12 Carmen Gammon	L. Osterman

CASES AWAITING ACTION
FOR THE WEEK ENDING ☐ ☐ ☐
CASE MONITOR ☐ NAME*

OPEN CASES WITH NO OUTSTANDING SCREENING OR TREATMENT APPOINTMENTS¹

MEDICAID #	CHILD'S NAME	HEALTH DECISION MAKER	DISPLAY NUMBER	LAST APPT SINCE REG DATE	# OF DAYS REG DATE	WRITTEN EXPLANATION REQUIRED? INITIAL	EXPLANATION: WHY HAS NO ACTION BEEN TAKEN ON THIS CASE DURING THIS TIME PERIOD?	CASE MONITOR INITIALS	SECTOR COORDINATOR SIGNATURE
	LIST CASE					YES <input type="checkbox"/> NO <input type="checkbox"/>			
	LIST CASE					YES <input type="checkbox"/> NO <input type="checkbox"/>			
	LIST CASE					YES <input type="checkbox"/> NO <input type="checkbox"/>			

¹

Cases open less than 10 days after registration date should not appear on this printout.

*

A separate printout should be obtained for each experimental case monitor.

CASE MONITOR PERFORMANCE REPORTS

E. P. S. D. T.

EXPERIMENTAL CASE MONITOR PERFORMANCE REPORT

FOR THE MONTH OF _____

CASE MONITOR ☐ ☐ FIRST LAST

CASE LOAD

CASELOAD CATEGORY	THIS MONTH	PROJECT TO DATE
Number of New Cases ¹		
Number of Cases Completed		
Mean Active Caseload ²		xxx

¹including open cases reassigned to a new case monitor

²Calculate as follows: $\frac{\sum (\text{active case load on each working day of the month})}{(\text{Number of working days in the month})}$

SCREENING

Summary of Screening Outcomes

SCREENING OUTCOME	THIS MONTH		PTD	
	N	%	N	%
Screening Success ¹				
Screening Failure ²				
Total ³				

¹ Clients with the following screening status codes will be considered screening successes: previously screened, treatment not needed; previously screened, treatment needed; and client's screened within 60 days of their referral dates (both negative and positive screens)

² Clients with the following screening status codes will be considered screening failures: missed three consecutive appointments; child cannot be located; children screened more than 60 days after their referral date; and children with an open screening status 60 days after their referral date. These children (with an open screening status 60 days after referral date) will be counted only once as failures, and they will not be counted as failures during any other requesting period, no matter what their screening status turns out to be.

³ Clients who refuse services or who moved from area/are no longer eligible should not be included in this table.

SCREENING OUTCOMES

SCREENING OUTCOME	THIS MONTH		PROJECT TO DATE	
	N	%	N	%
Refused Services				
Moved From Area/No Longer Eligible				
Missed Three Consecutive Appointments				
Child Cannot Be Located				
Negative Screen				
Positive Screen				
Previously Screened, treatment needed				
Previously Screened, treatment not needed				
Open 60 days after referral date				
TOTAL				

PROJECT PERFORMANCE REPORT FOR CASE MONITOR COMPONENT

CASE LOAD

CASELOAD CATEGORY	THIS MONTH	PROJECT TO DATE
Number of New Cases ¹		xxx
Number of Cases Completed		
Mean Active Caseload ²		

¹ Must be calculated independently of case monitor totals

² Calculate as follows:
$$\frac{\sum (\text{Active caseload on each working day of the month})}{(\text{Number of working days in the month})}$$

SCREENING

Summary of Screening Outcomes

SCREENING OUTCOME	THIS MONTH		PTD	
	N	%	N	%
Screening Success ¹				
Screening Failure ²				
Total ³				

¹ Clients with the following screening status codes will be considered screening successes: previously screened, treatment not needed; previously screened, treatment needed; and clients - screened within 60 days of their referral dates (both negative and positive screens)

² Clients with the following screening status codes will be considered screening failures: missed three consecutive appointments; child cannot be located; children screened more than 60 days after their referral date; and children with an open screening status 60 days after their referral date. These children (with an open screening status 60 days after referral date) will be counted only once as failures, and they will not be counted as failures during any other requesting period, no matter what their screening status turns out to be.

³ Clients who refuse services or who moved from area/arc no longer eligible should not be included in this table.

SCREENING OUTCOMES

SCREENING OUTCOME	THIS MONTH		PROJECT TO DATE	
	N	%	N	%
Refused Services				
Moved From Area/No Longer Eligible				
Missed Three Consecutive Appointments				
Child Cannot Be Located				
Negative Screen				
Positive Screen				
Previously Screened, treatment needed				
Previously Screened, treatment not needed				
Open 60 days after referral date				
TOTAL				

¹ These children should not be counted again during any future reporting periods under screening results, but should be reported under treatment results when appropriate

CASES WITH PROBLEMS IDENTIFIED

Index of Problem Load

	THIS MONTH	PROJECT TO DATE
Number of Problems Identified ¹		
Number of Clients with Problems Identified ¹		
Number of Problems Resolved		
Mean Number of Open Problems ²		XXX

¹ Must be calculated independently of case monitor totals

² calculate: $\frac{\sum (\text{number of open problems on each working day of the month})}{(\text{number of working days in the month})}$

Summary of Problem Resolutions

PROBLEM RESOLUTION	THIS MONTH		PTD	
	N	%	N	%
Success ¹				
Failure ²				
Total ³				

¹ Problems with the following Problem Resolution Codes will be considered successes: No Problem; Condition Noted; Treatment not Advisable; Treatment Completed

² Problems with the following problem resolution codes will be considered failure: Missed three consecutive appointments; and child cannot be located

³ Problems with the following resolution codes will be considered as neither success nor failures, and will not be counted in the total: Refused Services; and moved from area/ no longer eligible.

PROBLEM RESOLUTIONS

PROBLEM RESOLUTION	THIS MONTH		PROJECT TO DATE	
	N	%	N	%
Refused Services				
Moved from Area/No Longer Eligible				
Missed their Consecutive Appointments				
Child Cannot be Located				
No Problem				
Condition Noted, Treatment not Advised				
Treatment Completed				
TOTAL				

SUMMARY OF COMPLETED CASES

CASE STATUS	CASES COMPLETED			
	THIS MONTH		P T D	
	N	%	N	%
Negative Screen				
Previous Screen				
Treatment Compl.				
Missed 3 Appts.				
Could not be Located				
Refused Services				
Moved/Lost eligibility				

CALCULATION OF THE MEAN NUMBER
OF CASE MANAGEMENT HOURS REQUIRED TO CLOSE A CASE

TIME PERIOD	(1) HOURS SPENT IN CASE MANAGEMENT (DAILY MEAN(FOR ALL CASE MONITORS, EXPERIMENTAL AND CONTROL	(2) DAILY MEAN ACTIVE CASE LOAD	(3) MEAN HOURS SPENT PER CASE PER DAY (COL 1/COL 2)	(4) MEAN NUMBER OF WORKING DAYS A CASE WAS IN THE SYSTEM FOR CASES CLOSED:	(5) MEAN NUMBER OF CASE MANAGEMENT HOURS REQUIRED TO COMPLETE A CASE (COL 3 x COL 4)
this month	$\Sigma(\text{hours spent in case management this month}) / (\text{number of working days this month})$	$\Sigma(\text{active case load for X days this month}) / (X \text{ days})$		$\Sigma(\text{number of days from registration to closure for all cases closed this month}) \times (.684) / (\text{number of cases closed this month})$	
project to date	$\Sigma(\text{hours spent in case management for P-T-D}) / (\text{number of working days for P-T-D})$	$\Sigma(\text{active case load for X days for P-T-D}) / (X \text{ days})$		$\Sigma(\text{number of days from registration to completion for all closed cases}) \times (.684) / (\text{total number of closed cases for P-T-D})$	

CASTS



Critical Access Scheduling and Tracking System

a client oriented
automated case scheduling
and tracking system

CASTS

CASTS (Critical Access Scheduling and Tracking System) is the ideal approach for managing human service systems. Essentially, it is a method for planning, scheduling, and monitoring the status of clients, of defining daily workloads of case-workers, and of aggregating data for administrative analysis.

CASTS is a client oriented, automated case monitoring system. Once the client is registered on the system and assigned a unique identification code, the case-worker monitors progress by means of very simple commands to the computer. All of the information is immediately available.

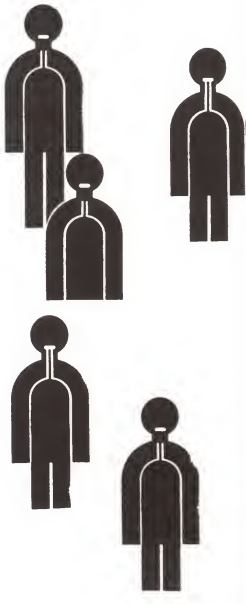
Each day, CASTS outlines the case-worker's schedule for follow-up on clients. Using only one line for each transaction, the case-worker keeps client records constantly up to date.

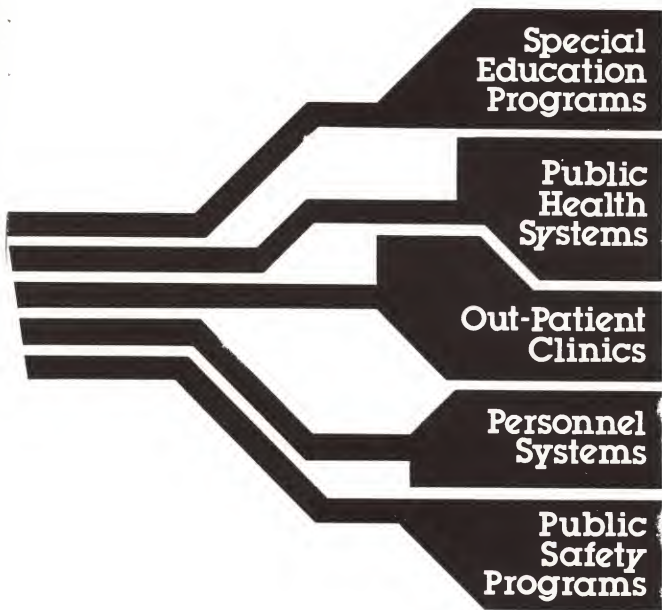
In many ways, CASTS is a "dream" system, here and now. It eliminates most paperwork, avoids confusion, permits effective control, is extremely flexible in its application to existing systems, and pays off in a better working relationship between the agency and the client.

CASTS also improves the ability of supervisory and administrative personnel to measure the productivity of the program, and the effectiveness of relationships with service delivery outlets. Data can easily be aggregated on individual cases, on case-workers, and on service providers.

The approach is well suited for brokerage systems in which the case-worker may refer a client to a variety of service providers. These providers may be public or private; they may even be a part of your service agency.

A flexible, adaptable approach that is compatible with almost any human services system, CASTS has been called "the ultimate tickler file". It organizes, reminds, and reports. CASTS is the classic example of systems technology applied to humanistic ends.





**SYSTEMS TECHNOLOGY
APPLIED TO HUMANISTIC ENDS**

HOW CASTS WAS CREATED

TO SOLVE CLASSIC PROBLEMS IN CASE MANAGEMENT

The need for an effective means of managing cases within human service delivery systems has long been evident. It is too easy to lose track of clients prematurely. Traditional methods of monitoring cases are costly and usually ineffective.

That classic problem in case management led to the creation of the Dade County E.P.S.D.T. Demonstration Project. EPSDT (Early and Periodic Screening, Diagnosis and Treatment) is a public program aimed at needy children under the age of 21. The Dade County Demonstration Project served a pilot group of 2,800 clients managed by six specialized health service case-workers. The case management system it developed oversees follow-up as well as the initial screening.

A PROGRAM USEFUL TO WORKERS AND MANAGERS

CASTS was designed to meet the realities of case management. Input was sought from case-workers, and decisions were made to limit the number of forms required to make the system work. The program was also designed to make the information collected useful to those case-workers, insuring their vested interest in the accuracy and timeliness of the data.

Equally important, the Dade Project designed a system that was both secure and simple. The ease with which the system can be used is typified by the one page manual of instructions needed to operate the system. The system itself leads the user through to the formats and information desired.

Within one year the project was providing direct service for over 2,000 "Medicaid eligible" children and had tracked the progress on cases of another 1,000 children as a basis for comparison.

In addition to the complete case record for each client, and the daily workload outline for the case-workers, performance reports were developed for posted time accounting

and cost calculation. Data about individual cases, and about the cost-effectiveness of service providers could be aggregated at any point.

MEASUREMENT OF CASE RESULTS

Data being easily available to the case-workers and their supervisors stimulated greater interest in successful work results. For many case-workers, it was the first time they knew the exact size of their caseload or their rates of successful case outcomes. When personnel turnover occurred, new workers were easily trained and familiarized with their complete client load. Energies were freed to better serve the needs of the clients because the system bore the burden of preparing daily work schedules and monitoring service follow-up.

The effectiveness of CASTS is easily measurable. A comparison of outcomes between a sample of clients served by the State of Florida EPSDT Program and a similar sample served by the Dade County Project using CASTS demonstrates the substantial improvement resulting from client focused automated case management.

INCREASED RESULTS AT LOWER COST

The rate of successfully resolved cases was 93 per cent for the Dade County Project as opposed to 44 per cent for the State system. At the same time, the management cost per successful case resolution was cut in half through the use of CASTS. These results have obtained national recognition, with representatives of other government sponsored programs traveling to Miami to personally observe, learn, and apply the system.

What CASTS did for EPSDT in Dade County it can do for any client oriented program. It is a model applicable to people, their industry, and their needs. The CASTS model can be applied in a wide variety of settings, to any public or private industry dealing with the management of service to people.



**MEETING THE REALITIES OF
CASE MANAGEMENT**

THE CONCEPTUAL ELEMENTS OF CASTS

FOCUS ON CLIENTS

CASTS is geared to providing all the critical information necessary to follow a client through a system. It provides automatic reminders of necessary actions and procedures, either scheduled by the case-worker or predetermined to meet specific program needs. It also affords the worker complete workload control, and permits supervisory personnel to monitor progress.

SIMPLICITY

CASTS is easy to operate and new worker training seldom requires more than two hours. It is not a "threatening" system for case-workers or supervisors. The basic instructions needed to access the system are simple, yet coded for a hierarchy of security.

The program then gently leads one quickly and directly to the information sought. Record updates can be entered either directly by a case-worker, or by using a data clerk.

The simplicity of CASTS is one of the major reasons for its ready acceptance by both workers and supervisors in its initial applications.

SECURITY

This basic requirement insures that no one can access data without proper authorization. While these checks exist, they are not over-complicated for case-workers to master. Once entered, data cannot be eliminated or manipulated.

INPUT INFORMATION MANAGEMENT



Registration

Transactions

Time Summary

ONLINE
COMPUTER
entry, storage
and
retrieval

CONTINUITY

CASTS promotes continuity in a number of ways. If case-workers are absent, the supervisor can access their clients' records, or assign another to meet that day's schedule. Clients no longer "fall through the cracks", even if there should be a turnover in personnel. CASTS doesn't forget, and a new client contact person inherits priorities that have already been established. There's no need to rely on personal notes or disorganized files. The automated case record contains the necessary logic to follow the delivery of services from beginning to end.

NO DUPLICATION

With CASTS, there is a minimization of hand written forms, and a reduction in the duplication of data entry. The system can duplicate and identify critical data requirements in fractions of seconds. The computer becomes the basic file of key information on clients, on the performance of case-workers, and on the cost and performance of other agencies or persons to whom clients have been referred by the program.

ABILITY TO AGGREGATE

Managers need certain information to measure performance within the organization, and the productivity of the organization as a whole. CASTS can generate the printed reports required at any interval desired. A whole range of reports on operations and cost-effectiveness is available based upon administrative needs. CASTS can also provide summary and analytical data on clients, case-workers, supervisors, vendors and services to whom clients are referred, and on the operation as a whole.

COST EFFECTIVENESS

CASTS is not just a fancy way of delivering services. It is a cost effective method of case management. In the EPSDT Demonstration Project in Miami, CASTS reduced management costs by 52 per cent while it improved the delivery of service to eligible clients. As a flexible, adaptable approach that can fit a wide variety of situations and systems, similar savings can be anticipated in almost any setting.

OUTPUT



Daily Information Access

Periodic Operations Reports

Periodic Management Reports

Periodic Evaluation Reports



INPUT DOCUMENTATION

The input system of CASTS was designed for simplicity, to avoid duplication of effort, and to reduce paper work as much as possible. The three form system eliminates extraneous paper work, and requires only that data necessary for an understanding of the case, and to permit informed decision-making. In its aggregate forms, the input permits the full range of analysis and reports needed for internal control and whatever governmental or external agency reporting that may be required.

REGISTRATION

The case registration forms that CASTS uses are designed to meet the specific basic information needs of the agency. The registration information is entered into the system only once, and the form can be physically designed to meet special data needs. For example, if a hard copy of the information is necessary for another agency or for field work, that copy can be designed into the system. If a case involves information about more than one client within a given family unit, this can also be accommodated by a single registration form.



Registration

Transa



TRANSACTIONS

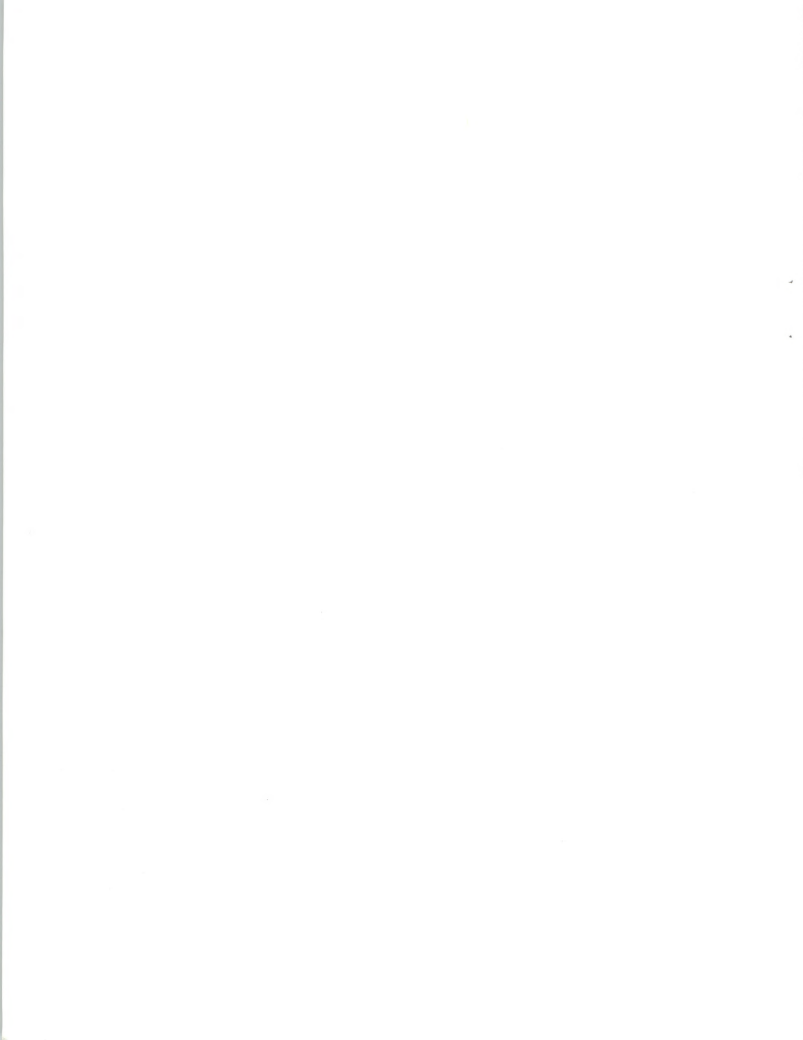
This form is the heart of the automated case tracking system. Usually, a case-worker will be able to record all the transactions taken on a single working day on a single transaction form. Each successful action taken on each case is entered. For example, appointments made and the name of the service provider would be entered. Follow-up information on whether an action scheduled for a client actually took place would be recorded. To avoid error, the information can then be placed in the computer by a data clerk at the end of the day. The result is an automated record of the critical data on each case that is never more than eight hours old.

CASE-WORKER DAILY TIME SUMMARY

For each working day, every case-worker completes one time summary sheet. A simple, custom designed format, it allocates work time to the major activity categories relevant to that worker. This information then becomes the basis for the regular reporting of aggregate time spent in each category by individual case-workers and for all case-workers combined. As a result, the system can allocate management costs across any combination of workers and services.

tions

Time Summary



DAILY PLANNING REPORTS

The efficiency of CASTS is demonstrated best in the daily planning reports it produces for each case-worker. It literally schedules each case manager's work day, specifically listing exactly what must be accomplished by the close of business. It provides both detailed reminders and the work aids necessary for managing a client service program.

SCHEDULING

When the case-worker signs onto the system first thing in the morning, the computer provides a summary of cases to be worked on that day and the next. If there are any changes to be made in the schedule, the case-worker can easily enter them at that time.

In addition to the scheduled events displayed, CASTS also tells the worker of appointments or services planned for clients which have not been followed-up. Necessary actions aren't permitted to lag at the expense of the client.

FOLLOW-UP

The system forces follow-up. In effect, it asks for the outcome of each appointment and scheduled service. In the morning, it tells the case-worker the event is scheduled. If no entry is made by that evening, then the following morning the daily planning report will note that action has no result listed. If the appointment is within the agency, or is an outside referral, it can't be lost because the system continually reminds the worker it is outstanding.

CASTS also carries follow-up one step further. If one action or contact is complete, CASTS asks what the next step is. A list of cases awaiting action is provided daily. Each case is listed until additional services are planned or it is noted as resolved.

Does a client need a reminder about an appointment? Is transportation necessary? Is further confirmation of the appointment

needed with a provider? CASTS will ask the case-worker whatever questions are pertinent to the needs of the program, and make sure that outcomes are recorded.

CASE RECORDS

In addition to this scheduling function, CASTS can also produce a full record of each case, with a separate display series for each client. It will display appointments, contacts, and actions for each client. CASTS will note the outcome of each action, and what the ultimate resolution of the problem is. If the particular case has more than one problem, CASTS makes available as many sets of problem displays and as many pages as are necessary.

CASTS will also provide the resource data necessary for making referrals. Auxiliary directories can be created to list departments or agencies the client may have contact with as a result of service needs.





**SCHEDULED
EVENTS**

*Today's
Appointments*

*Tomorrow's
Appointments*

**PAST DUE
APPOINTMENTS**

**CASES
AWAITING
ACTION**



SECURITY



PERIODIC SYSTEM REPORTS

The measurement of performance in a client oriented system has always been difficult. CASTS provides managers with the full range of reports necessary to monitor the efficiency of individuals, and of the overall operation. At any time, the manager can access whatever aggregate data he needs from the system.

The reports the system provides are dictated by the needs of the individual agency and the requirements of management. However, examples of weekly reports may include listings of future appointments, follow-up tasks, and the status of individual clients.

MONTHLY

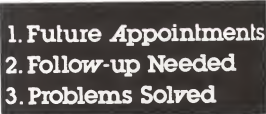
On a monthly basis, the manager may wish to see cost calculation and time accounting data for case-workers and for the providers of particular services to whom clients may be referred. A complete analysis of service cost distribution and provider utilization can be obtained. Case monitor reports can be prepared for the entire group and for individuals to compare performance. Summaries can be provided of new cases opened and problems resolved.

QUARTERLY

Quarterly and yearly reports can similarly be prepared summarizing quantitative and qualitative data on whatever performance indicators are required. Whatever governmental reports are necessary can easily be drawn from the data base that has been accumulated. Any special study that may emerge as being useful from the data acquired can easily be programmed and obtained.

CONSTANT AWARENESS

There is a vast array of data that can be summarized and obtained about clients, case-workers, and service providers. One effect of periodic systems reporting is in keeping workers and supervisors constantly aware of how far they have come, and how far they have to go. The system fosters a greater interest in daily tasks because everyone is aware of their productivity level. Progress can be routinely recognized and rewarded. Yet the reporting is automatically provided without elaborate, time consuming "report writing" efforts that take personnel away from their primary tasks. All the critical information is in the system and instantly accessible.

- 
1. Future Appointments
 2. Follow-up Needed
 3. Problems Solved





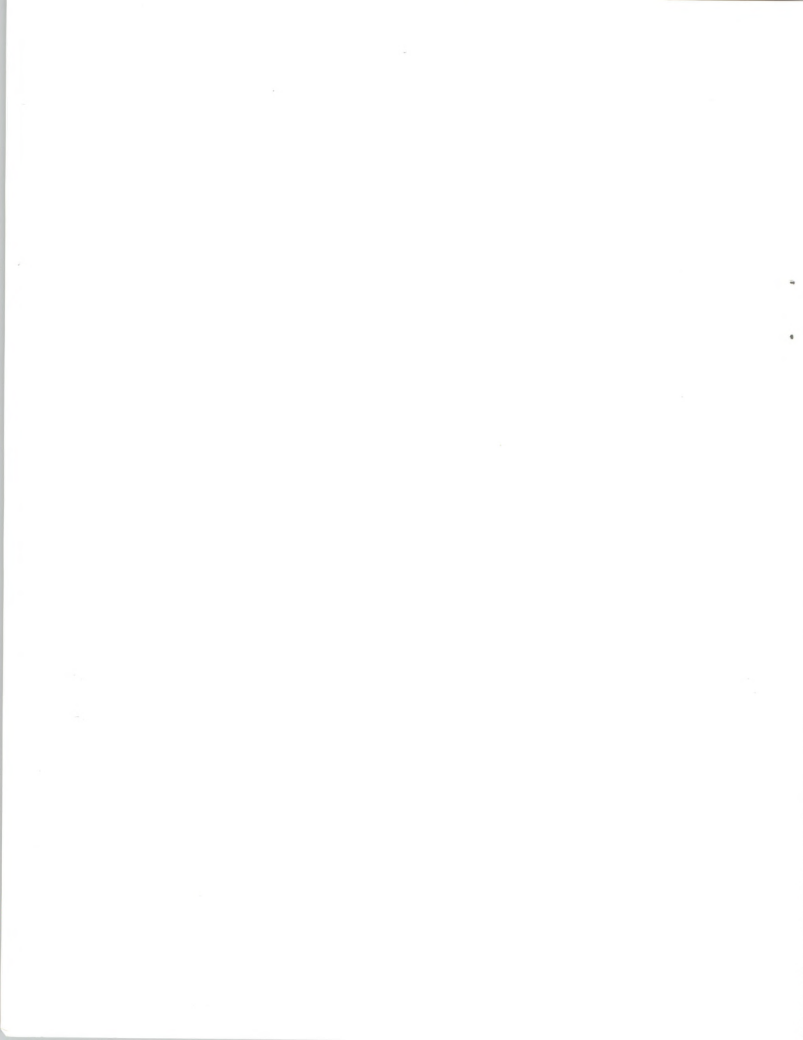
OPERATIONS

EVALUATION

MANAGEMENT

1. Time Accounting
2. Cost Calculation
3. Quality & Quantity Index

1. Summary Quality & Quantity Index
2. Annual Evaluation



A FLEXIBLE APPROACH FOR FOLLOWING THE DELIVERY OF SERVICE TO PEOPLE

In summary, CASTS is a highly workable, realistic, feasible, and cost effective system of client focused, automated case management.

Case-workers begin the day unencumbered by the tedium of pulling files from cabinets and sorting through scattered notes and reminders. No excessive paper work gets in the way as the task of working on the needs of clients begins. All the necessary information about priorities, about cases, and about resources are at the case-worker's fingertips. CASTS bears the total burden of work scheduling based solely on the case manager's prior service planning efforts.

At the next level, supervisors can easily keep track of the progress on cases, and of the performance of case-workers. If there is illness or turnover in personnel, clients cannot "slip between the cracks", or get lost between filing cabinets.

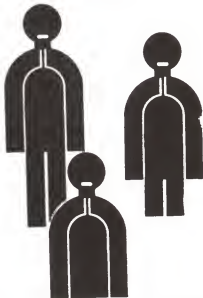
On the administrative level, all the reports needed to meet internal and external reporting requirements are easily available. There is ready data for measuring the performance of personnel, the agencies and providers of service to clients, and the overall track record the organization is developing.

CASTS is a tool anyone can use. It works better than any other systems approach in freeing people from routine tasks. There is less time spent dealing with paper and files, and more work with clients.

From registration to successful completion of a case, CASTS provides efficient management. Too often, the time to relate to clients as human beings gets lost in the press of paper. CASTS permits human resource agencies to be human while meeting human needs.

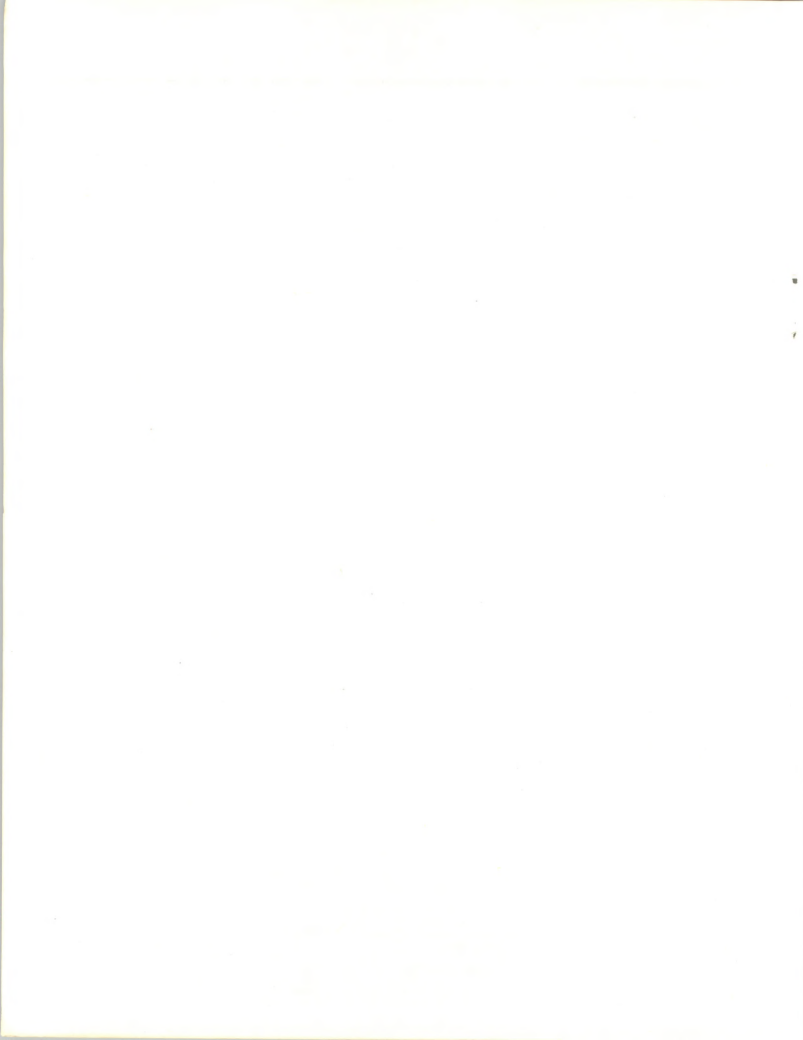
CASTS is everything an automated case management system should be, and it is compatible with a broad range of existing data processing systems. Any human services agency that could benefit from decreased costs and increased efficiency should consider the application of CASTS.

The simplicity and minimization of hand written forms, the reduction of duplication of data entry, the security afforded for client confidentiality and against tampering, the economic benefits of reduced cost per case, and the ability to aggregate data for management reports at any level, all add up to CASTS as today's answer for agencies seeking the finest case management system available.

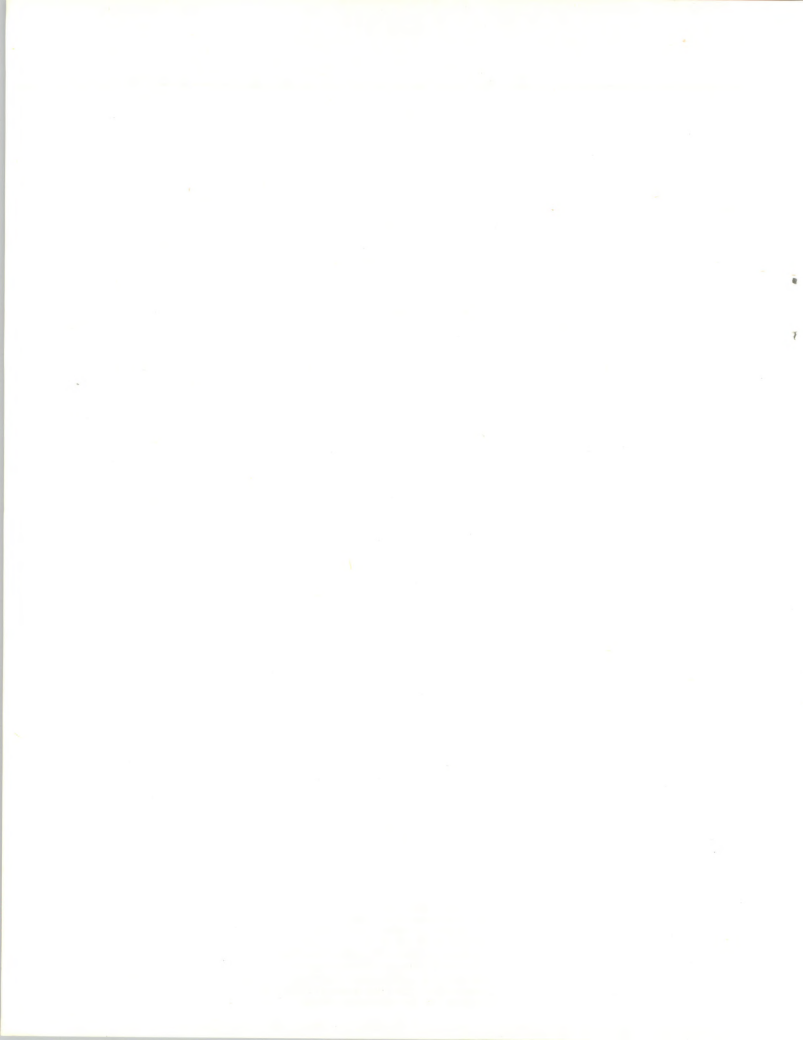


For more information on CASTS, and how it can help
your agency, service, or system for the benefit of your
clients, contact:

Health Care Financing Administration
Office of Demonstration and Evaluation
Department of Health, Education, and Welfare
Switzer Building
Room 4200-A
Washington, D.C. 20201



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